

FIG. 2

Please enter or update your personal profile

First	M.I.	Last	223
Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/> <input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
Telephone No.:	<input type="text"/>		
Gender:	<input type="text"/> 223		
Medical Ins:	<input type="text"/>		
ID No.:	<input type="text"/>		
Group No.:	<input type="text"/>		
Ailments/Disease:	<input type="text"/>		
• • •			
Emergency Medical History:	<input type="text"/> 223		
• • •			
173			
<input type="text"/> 226			
<input type="text"/> 203b			
Return			

FIG. 3

Please indicate the type of form you wish to download:

Medical	<input checked="" type="checkbox"/>
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233

Do you want to automatically update this form in the future when changes are made to your form profile?

Yes
 No

236

If this form is to be automatically updated, please enter the destination network address to which updates are to be sent.

<input type="text"/>

239

Download

241

203c

FIG. 4

The following are entities that receive automatic updates of the indicated form. To delete an entry, click on the entry to highlight and then hit the "delete" key.

<u>Doctorlaura@physician.com</u>	Medical Form	Return
<u>JoeBroker@brokerage.com</u>	Financial Form	243
<u>JoeBanker@bank.com</u>	Financial Form	
<u>postoffice@postoffice.com</u>	Address Form	
<u>subscription@newyorktimes.com</u>	Address Form	
<u>subscription@time.com</u>	Address Form	
<u>creditcard@card.com</u>	Address Form	176
• • •	• • •	

FIG. 5

203d

ADDRESS TEMPLATE
FORM TYPE: Address
RELATIVE FIELDS:
Name
Address
City
State
Zip Code
Telephone Number

183a

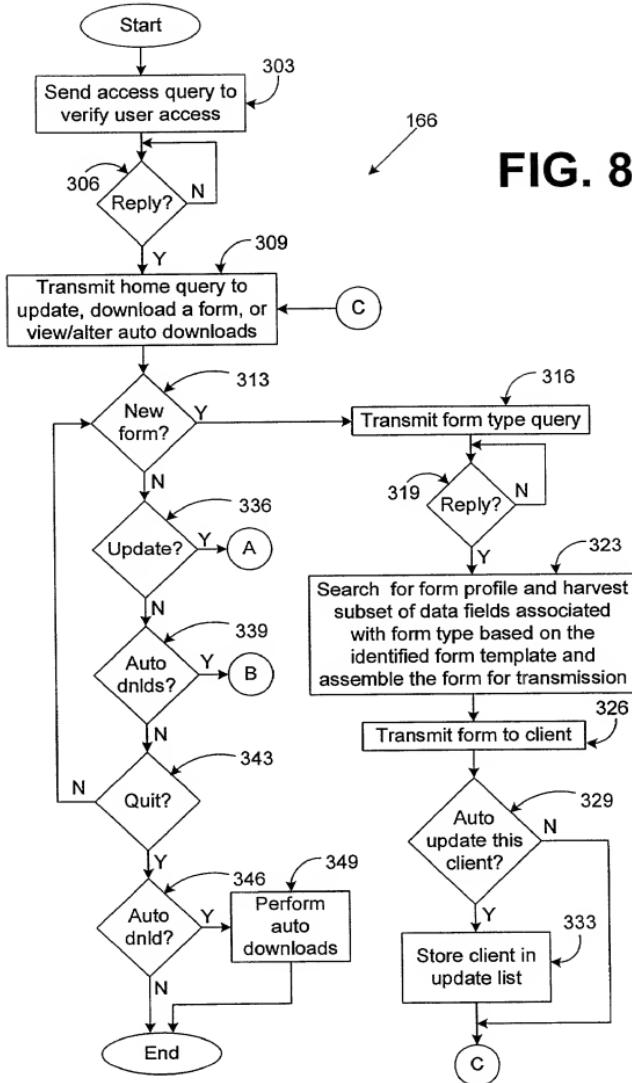
FIG. 6

ADDRESS FORM
Name: John Doe
Address: 100 Sycamore Lane Boise, Idaho 12345
Telephone: (123) 456-7890

186a

FIG. 7

FIG. 8



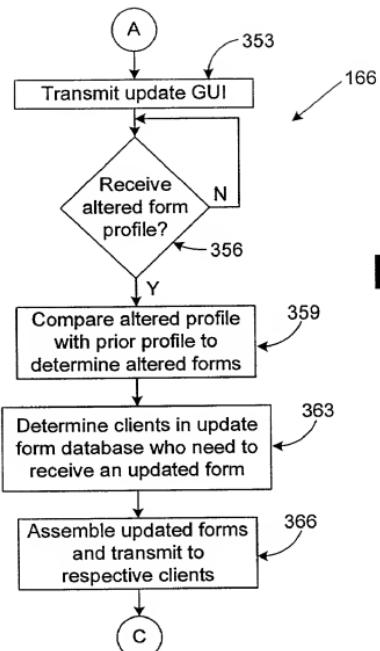


FIG. 9

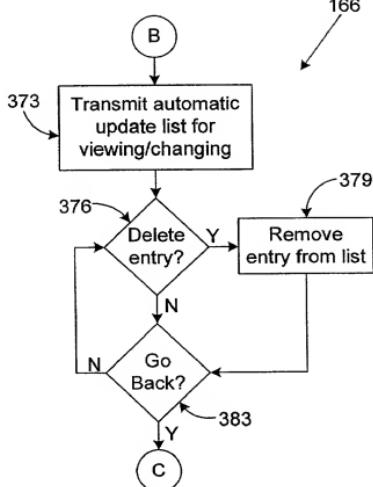


FIG. 10